



Do Not Write Here

South Carolina State Library
Attn: CE Coordinator
PO Box 11469
Columbia, South Carolina 29211

Application received: _____

Experience checked: _____

Certificate sent: _____

**APPLICATION FOR EXCHANGE OF PROVISIONAL PROFESSIONAL
LIBRARIAN'S CERTIFICATE FOR PROFESSIONAL CERTIFICATE***

Mr.
Name (print): Mrs.

Ms. last first middle

Mailing address:

street city state/zip

Library name:

Library address:

street city state/zip

Date: _____

Having met all the requirements, I hereby make application for a professional certificate. The request is enclosed for evaluation of my professional experience. (Attach request for evaluation of three years of professional experience form in duplicate.)

applicant's signature



*please send current certificate with this application.



**South Carolina State Library
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Post Office Box 11469
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REQUEST FOR EVALUATION OF THREE YEARS PROFESSIONAL EXPERIENCE
(POST COMPLETION OF ALA ACCREDITED MLS OR MLIS)

Name: Mr. Mrs. Ms. _____
last first middle

Mailing Address: _____
street city state/zip

Permanent Address: _____
street city state/zip

Directions for use of this form:

This form is to be used by candidates for the Professional Certificate seeking to meet the three years full-time experience requirement of the Certification Regulations. It is to be filled out completely in duplicate, and both copies should be forwarded to the South Carolina State Library. Separate sheets should be used for positions in different libraries, if the three years consecutive experience was gained in more than one library. If the title and duties changed materially in the course of service in any one library, indicate such changes as separate employment. Additional sheets following the pattern of this form may be used.

The experience described must include your present position. Experience acquired prior to the completion of the requirements for the library degree cannot be claimed. It is not necessary to describe more than the required three years.

Please describe in detail, on the back of this sheet, the professional experience you are claiming. Give specific information about each type of work performed in this position.



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CLAIMED EXPERIENCE FORM:

Name and address of library*: _____

Title and grade of your position: _____

Name and title of supervisor: _____

Name and Address of Library: _____

Date of Employment: From: month _____ day _____ year _____ hours per week _____

To: month _____ day _____ year _____ annual salary _____

Type of work performed:

Signature of Applicant

Date

*If not a public library in South Carolina, give complete information about the library such as: type of services, size of staff (professional and nonprofessional), number in volumes, population served.